

Western University (No. 10 Canadian Stationary Hospital and No. 14 Canadian General Hospital): a study of medical volunteerism in the First World War

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SUMMARY

The Canadian government depended on chaotic civilian volunteerism to staff a huge medical commitment during the First World War. Offers from Canadian universities to raise, staff and equip hospitals for deployment, initially rejected, were incrementally accepted as casualties mounted. When its offer was accepted in 1916, Western University Hospital quickly adopted military decorum and equipped itself using Canadian Red Cross Commission guidelines. Staff of the No. 10 Canadian Stationary Hospital and the No. 14 Canadian General Hospital retained excellent morale throughout the war despite heavy medical demand, poor conditions, aerial bombardment and external medical politics. The overwhelming majority of volunteers were Canadian-born and educated. The story of the hospital's commanding officer, Edwin Seaborn, is examined to understand the background upon which the urge to volunteer in the First World War was based. Although many Western volunteers came from British stock, they promoted Canadian independence. A classical education and a broad range of interests outside of medicine, including biology, history and native Canadian culture, were features that Seaborn shared with other leaders in Canadian medicine, such as William Osler, who also volunteered quickly in the First World War.

On 14 August 1914, an ultimatum that the British government had issued to Germany regarding Belgian sovereignty expired. Britain and its dominions were drawn into the First World War. Despite months of rising international tension, most people and their governments had hoped for resolution and had failed to prepare. In Canada, efforts to raise an army of half a million souls began immediately. Only Sam Hughes, the Minister of Militia and Defence, had prepared by extending the militia, earning the nickname “Drill Hall Sam.” The government now relied on Hughes’ chaotic plan to raise a reserve force as it cancelled the mobilization plan that had been made by its professional military staff.¹ London, Ont., was critical to Hughes’ plan to mobilize volunteers of British stock. It was designated as the headquarters of Canada Military District No. 1. It recruited and trained more than 50 000 troops from the region.¹ A camp at Valcartier, Que., was quickly constructed to mould volunteers from all over Canada into an expeditionary army. Two stationary hospitals were recruited in Valcartier. A third hospital, designated the No. 3 Canadian Stationary Hospital, was raised in London. Its commanding officer was Lieutenant-Colonel Henry Raymond Casgrain, a surgeon in Windsor, Ont., who had been a senior officer of the No. 2 Field Hospital in the 1885 North West Rebellion. Western University’s offer to raise another 200-bed hospital was declined by Hughes on the reasonable basis that sufficient opportunities to volunteer were available locally. Several members of faculty at Western University enlisted, including surgeon John Cameron Wilson, an associate professor of surgical anatomy and lecturer in surgery. Hughes also probably did not want to lessen his control, as he declined McGill University’s offer at the same time. As war was prolonged and casualties mounted, Hughes relented to external pressure, and hospitals were recruited from universities, initially from McGill University, the

University of Toronto and Queen's University. On Apr. 28, 1916, the Canadian Government asked Western University to raise and equip a 400-bed hospital for deployment.

The request set off a frenzy of activity that saw the hospital ready within a remarkable 2 and a half months. Western Chair of Anatomy and professor of clinical surgery, Edwin Seaborn, long an advocate of deploying a university hospital, was appointed commanding officer at the rank of lieutenant colonel. He led all aspects of recruitment, preparation and training (Appendix 1, available at canjsurg.ca). He contacted Western medical alumni, practitioners and nurse graduates from local hospitals, and by May 2, 1916, had 70 offers for the 10 medical officer positions and 60 applications for the 27 nursing positions. Sarnia General Hospital superintendent of nursing, Helena Elizabeth Dulmage, was appointed matron. Virtually none of these volunteers had military experience with the exception of Major John Cameron Wilson, who was transferred back to the Western unit. He brought with him his new wife, nursing sister Lieutenant Bertha Wilson (née Cromwell), a veteran of No. 1 Canadian General Hospital. Seaborn and Dulmage accepted Mrs. Wilson, removing a bar against married women. Another 118 ranks were selected among locals with appropriate trade and military experience, including several medical students with part-time military training on campus. One of the latter was Scott Braithwaite, the university president's son. Equipment for the hospital was obtained with the help of the local Red Cross, using Canadian Red Cross Commission guidelines and a local church for storage. A university fund drive was started, raising 30 000 pounds (equivalent to Can\$4 million at the time) by January 1917. Eventually 90 000 items were packed into 478 boxes for transport.²

The unit arrived in Shorncliffe, England, on Aug. 30, 1917, into a maelstrom of Canadian medical politics. The unit was inspected by Major General Guy Carelton Jones, director general of medical services, and was given a pass on attending a course for new units at the training depot. The unit was first appointed to a small hospital in Seaford, but

soon Ravenscroft hospital was added to their responsibility so that they were looking after 450 patients at 4 sites.³ Seaborn appealed to the university fund and purchased an ambulance. Seaborn dealt with outbreaks of infectious diseases, including mumps, measles and meningitis, by using the satellite sites as isolation for specific infections. Meanwhile Carelton Jones had been fired by Hughes on the basis of a naive and probably biased report written by Herbert Bruce. Seaborn claimed that the confusion covered No. 10's learning curve and that they soon distinguished themselves by never complaining.⁴ Seaborn was given command of the hospital at Eastbourne in addition to their 4 satellite sites. Looking after 700 beds, they were reconstituted as the No. 14 Canadian General Hospital. Services were added, including radiology, blood transfusion and physiotherapy. Seaborn, whose father-in-law, was the celebrated psychiatrist Maurice Bucke, had included a psychiatrist on the unit's staff. An academic focus was maintained with 3 meetings weekly to discuss topics in medicine and surgery.

In December 1917, command of the No. 14 was transferred to Lieutenant-Colonel Kenneth Douglas Panton, while Seaborn was tasked with taking a smaller group as the No. 10 Canadian Stationary Hospital to Calais, France. They were given a poor site by the Canal de Marck, which had been abandoned by a British hospital. They arrived to find the camp flooded, with no power. Although about 40 miles from the front at that time, they were subject to aerial bombardment because of the importance of the Calais port. The unit immediately set about rehabilitating the site by installing sewage, drainage, walkways and power, reinforcing patient areas and building bomb shelters. Soon they were receiving up to 250 new patients a day. The canal was used to transport the wounded. Seaborn noticed that the less injured arrived first. He developed a rapid admission system (canal to ward in less than 1 min) so that he could keep treatment areas clear. A mobile surgical unit was created to treat patients injured by bombardment on site. Major General Carelton Jones complimented the unit,



No. 10 Stationary Hospital c.1916 (Western Archives, Western University, AFC 20-31-388A, Dr. Edwin Seaborn fonds).



Officers of the No. 10 Stationary Hospital c.1916 (Western Archives, Western University, AFC 4-23-28, No. 10 Stationary Hospital fonds). **Back row:** Capt. Brock (Quarter Master), Capt. Jento, Capt. Henderson. **Middle row:** Capt. Douglass, Capt. Moriarty, Lieut. Dickie, Capt. Fraeleigh, Capt. Bice, Capt. Turner. **Front row:** Capt. Hudson, Maj. Wilson, Lieut. Col. Seaborn, Maj. Brown, Capt. Young.

saying that they had achieved in 1 month what the Imperials could not do in 6. The German offensive drive in March 1918 rendered the forward hospitals inoperative, dramatically increasing the number and severity of casualties. Most of the patients were British, as the Canadians were deployed far south of the hospital. The unit received an order to make a plan to abandon camp. Fortunately the German offensive failed, and soon the front line was pushed eastward. Other challenges ensued, including influenza. In 1 tent of 50 patients, 48 men died. Finally on Nov. 11, 1918, came the armistice, and the Calais lighthouse shone at full power. Within the week there were no more air-raid precautions or wounded coming in from the front. The unit did not leave France until Apr. 16, 1919. While in Calais, No. 10 had admitted 16 712 patients; only 3 other hospitals in France had taken so many.

Edwin Seaborn was the son of an Anglican minister who lectured in chemistry at the university. The Seaborns spent summers by Georgian Bay, where Edwin roamed free in nature and made friends with the boys of the Saugeen First Nation. He graduated in medicine from Western University in 1895. There is no record of his postgraduate education, but he credited Chicago surgeon, John B. Murphy with teaching him wound débridement and irrigation, a method he mandated in the unit. He used his time in France from armistice until demobilization to pursue research into the reproductive cycle of the horse with Professor Paul Christian Champy in Paris. While he maintained a successful surgical practice in London, Ont., after

the war, he continued his equine research and he described several new species of freshwater fish in Lake Huron. He made some of the only recordings of native medicine songs with the help of friends from the Saugeen First Nation. He was a noted local historian. Seaborn shared his background, education and life interests with a more famous leader of Canadian medicine who also volunteered unreservedly in the First World War: William Osler.

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References

1. Hyatt AMJ, Geddes Poole N. *Battle for Life*. Waterloo (Ont.): Wilfred Laurier University Press; 2004.
2. Seaborn E. *History of the No. 10 Stationary Hospital of the Medical Faculty, University of Western Ontario (1919)*. London (Ont.): Western University Archives and Research Collection Centre (ARCC LE3.W53M44).
3. Seaborn E. *Letters to Ina (letters, 1916-19)*. London (Ont.): Western University Archives and Research Collection Centre (AFC Box 20-9, Seaborn Collection).
4. War diaries – 14th Canadian General Hospital. RG9, Militia and Defence, Series III-D- 3, Volume 5036, Reel T-10927, File: 859. 1916/05/10-1919/02/28. Available: <http://data4.collectionscanada.gc.ca> (accessed 2016 July 1).